

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/593397</b>		FILING DATE <b>9-19-06</b>				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		2					56						
7		2					57						
8		2					58						
9	1						59						
10		1					60						
11		1					61						
12		2					62						
13		2					63						
14		3					64						
15		3					65						
16		2					66						
17		2					67						
18		2					68						
19		2					69						
20		2					70						
21		2					71						
22		2					72						
23		1					73						
24		1					74						
25		1					75						
26	1						76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		2					83						
34		1					84						
35		2					85						
36	1						86						
37		1					87						
38		2					88						
39		2					89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	59	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	63						TOTAL CLAIMS						

1X17  
2X16  
3X2